| Pest Available Copy 09/685577 | | | | | | | | | | | | | - | | |
|--|---|---|--------------------------------------|----------------------|---|------------------|-------|-------------------|------------------------------|------------------------|----------------------------|----------------|------------------------|----|--|
| | | | | | | | | | Application or Docket Number | | | | | | |
| | PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2000 | | | | | | | | | 35577 | 6 | 9/68 | 331 | 7 | |
| | | CLAIMS AS | FILED - | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | | \ . | | |
| TOTAL CLAIMS | | | 183 | | | | | RATE FEE | | FEE | | RATE | FEE | 7 | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE 355 | | 355.00 | OR | BASIC FEE | 710.00 | | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= | | · 163 | | | X\$ 9= | | | OR | X\$18= | 29.34°° | | |
| INDEPENDENT CLAIMS | | | 15 minus 3 = | | 12 | | | X40= | | | OR | X80= | 960°° | l | |
| MU | TIPLE DEPEN | DENT CLAIM P | RESENT | | | | | +135= | | • . | OR | +270= | | | |
| · If | the difference | in column 1 is | ess than zero, enter "0" in column 2 | | | • | TOTAL | | | OR | TOTAL' | HayAP | 1 / | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2) | | | | | | (Column 3) |) | SMA | LL E | NTITY | OR | OTHER SMALL | THAN |]/ | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | HEST HEER OUSLY FOR | PRESENT EXTRA | | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | .188 | Minus | /8 | 3 | = 5 | Ţ | X\$ 9 |) = | | OR | X\$18= | | Y | |
| | Independent | . 4 | Minus | | 3 | = |] | X40 | - | | OR | X80= | | 1 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | J | +135 | j-2 | | OR | +270= | 1 | | |
| | | | | | | | | TO ADDIT. | TAL | | OR | ADDIT. FEE | |] | |
| | | (Column 1) | | | ımn 2) | (Column 3 |)_ | | | | _ | _ | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NU! PREV | HEST MBER TOUSLY D FOR | PRESENT EXTRA | | RAT | Έ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | . 8 | Minus | / | 88 | = | 1 | X\$ 9 |)= | | OR | X\$18= | | | |
| | Independent | . 2 | Minus | ••• | 4 | = |] | X40 |)= | | OR | X80= | | 1 | |
| ~ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | .12 | | | 1 | .070- | | 1 | |
| 2-11-05 (Column 1) (Column 2) (Column 3) | | | | | | | | | | | OR | TOTAL | | - | |
| | | | | | | | | | | | 1 0 | ADDIT. FEE | <u></u> | 1 | |
| AMENDMENT C | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIG NU PREV | umn 2) MEST MBER MOUSLY D FOR | PRESENT EXTRA | 7 | RAT | Ē | ADDI- TIONAL FEE | | RATE | ADDI- TIONAI FEE | | |
| | Total | . 19 | Minus | 1 7 | 88 | = | | XX | 9= | | OR | X\$18= | | | |
| NE NE | Independent | . 6 | Minus | ••• | 15 | = | | X40 | <u>/</u> | | OF | 72 | | 1 | |
| الإ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | — | | | ┨Ŭ | · | 4 | 1 | |

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. OR ADDIT. FEE

FORM PTO-875 (Rev. 8/00)

TOTAL

+135=